

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. FILING DATE

10/567097

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3	2			/		
4	3			/		
5	3			/		
6	3			/		
7	0			/		
8	0			/		
9	0			/		
10	0			/		
11	0			/		
12	0			/		
13	0			/		
14	0			/		
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TOTAL IND.	/	↓	/	↓		↓
TOTAL DEP.	22	←	19	←		←
TOTAL CLAIMS	23		20			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.				↓		↓
TOTAL DEP.				←		←
TOTAL CLAIMS						